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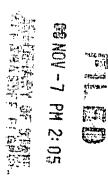
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of	the corporation:	TOWN	COUN	TRY H	ome 1	BUILDERS,	INC,	
	office address:		SW	BILTM	LORE S	ST.		
		PORT	ST.	LUCIE	PL	34984	4	
3. The mailing a	address (if differ	ent):			,			
4. Date of incor	poration/qualific	cation:	1/98	Docum	nent numbe	er: P9800	ררד טסטכ	9
	d street address ortment of State:				istered offic	ce on file with th	ne	
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								same ma
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								4 4
6. The name and (if changed):	d street address	of the new re	egistered age	nt (if changed	d) and /or re	egistered office		
			egistered age	,	i) and /or re	egistered office	4.7	
		и MC SW	QUILLA BILT	MORE	d) and /or re	egistered office	1 / N	
	WILLIA.	и <u>М</u> С	QUILLA BILT NOT acceptable	MORE	d) and /or re	egistered office	1 / N	
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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *